

HB530: Health Occupations - Pharmacists - Administration of Vaccinations

Juliet Gilden

**Oppose**

Dear Senators,

I am writing to oppose HB530. The minimum age keeps getting lower and lower. Pharma is just looking to increase revenue. They are not concerned for the child. Pharmacists are not trained in the assessment of a child before vaccination. They also are not trained to recognize or assess adverse affects from the vaccination.

Pharmacists in chain pharmacies are already overworked, messing up orders and making mistakes. We should not add to the chaos at pharmacies. This is not safe for children.

Please vote no.

I have attached some articles below.

Thank you,

Juliet Gilden

Reisterstown MD

## How to Make Immunizations a Pharmacy Profit Center

When Beverly Schaefer became one of the first pharmacists to administer flu shots in 1996, she could never have guessed that twenty years later she'd be administering nearly thirteen thousand immunizations per year.

Schaefer says her pharmacy was the first in the U.S. to offer mass immunizations administered by a pharmacist, and the reason she pioneered the idea came down to a business problem. She had turned down a contract from a major payer and all at once she lost 300 patients. Searching for a way to retain their business even while they were getting their prescriptions somewhere else, she ordered the flu vaccine and posted a sign on her door.

"We were hoping to do 300 flu shots the first year," she said. "We did 1,200. The biggest problem is that we had to go to the bank twice a day because we had so many tens and twenties in the till."

At that time they gave the shots out of a backroom with a table and a couple of chairs. When people came in to get the shots, they kept asking what else the pharmacy was going to offer back there. "It was like a light bulb went off," Schaefer said. "What people want is access to healthcare." Now her pharmacy, Katterman's Sand Point Pharmacy, has become a true immunization destination, offering 28 vaccines year-round. They account for nearly 20 percent of her business and 30 percent of her profit.

"If you want to add profit to your bottom line, increase the number of immunizations that you're doing," Schaefer said. "Every single immunization that you do adds to your bottom line. There are no exceptions."

Marty Feltner, director of immunization services for Kohll's Pharmacy, also pioneered immunization in his home state of Nebraska. As the first pharmacy in the state to offer immunizations, Kohll's has become the immunization leader in the region. "It's another added component to bring in another revenue stream," Feltner said. "When you look at pharmacies today, they're pretty much breakeven pharmacies. So in order to be positive, as far as revenue stream, you've got to think outside the box." Among its eight locations, Kohll's administers 50,000 to 80,000 flu immunizations per year.

Both Katterman's and Kohll's specialize in travel immunizations, which in itself has been a boon for business. People travel from hours away to get travel shots from their pharmacies. Around half of Schaefer's total immunization revenue comes from travel vaccines.

They both believe immunizations have become essential to compete in today's world, especially as a way to differentiate from online and mail-order pharmacies that are capturing more and more of the market share. "You know that [Bezos] family that sends boxes to every house every day across the country?" Schaefer said, whose pharmacy is in Seattle, the location of Amazon's headquarters. "They have to come to my store to get travel immunizations. Because you can't do that by mail. So why not offer a service that mail order will never be able to compete with?"

### A Golden Opportunity

Around 100 million Americans get the flu shot every year, which produces around \$4 billion to \$5 billion in revenue. That's just influenza. Each year, the national chain pharmacies and big-box stores battle to snatch up patients to their immunization programs with aggressive marketing and significant discounts.

Yet the immunization market is still largely untapped. A 2017 report from the Centers for Disease Control and Prevention stated that vaccination rates have a long way to go to meet the Healthy People 2020 goals. And pharmacies can be the prime beneficiaries of this growing demand. Surveys show that patients find pharmacies to be more accessible and convenient than physicians' offices and health clinics. And the majority of people in the U.S. now prefer getting vaccinated at the pharmacy, according to

a survey by PrescribeWellness.

Many independent pharmacies have already caught on to this trend. The 2018 NCPA Digest shows 70 percent of pharmacies offering immunizations. However, that number includes pharmacies that only offer the flu shot. Another estimate says less than a quarter of independents offer immunizations beyond influenza. And the flu shot is only the tip of the immunization iceberg. There's a glacial immunization opportunity beyond influenza waiting to be uncovered. For example, flu shots bring in roughly \$20 of profit a pop. Compare that to meningococcal group B vaccine at \$48, human papillomavirus at \$50, and hepatitis B at \$80, according to one estimate. An independent pharmacy in Louisiana earned nearly \$6,000 in profit from only 70 shots of hep B in the first year of offering the vaccine.

"If you want to add profit to your bottom line, increase the number of immunizations that you're doing. Every single immunization that you do adds to your bottom line. There are no exceptions."

Multiple pharmacy experts say pharmacies that offer expanded immunizations can expect a minimum \$40K per year in additional revenue, but more likely closer to \$90K. One independent pharmacy in Oklahoma gave 1,800 vaccines in one year, earning \$40K in pure profit. Another independent pharmacy in Pennsylvania averaged more than 700 immunizations in its second year, resulting in more than \$16K in profit.

"You do two or three new consultations a day, your profit on just those consultations could potentially pay for that pharmacist just to be there that day," Feltner said. "There are times where we'll get five or seven consultations in one day and have profitability of three or four hundred dollars on just that one-hour appointment depending on the patient's travel designation."

Schaefer said the least amount of profit you'll ever make on a vaccine is \$15 to \$20. You essentially get paid twice, once for the product and once for the service itself. "How many prescriptions do you make fifteen to twenty dollars on?"

Immunizations also provide additional business benefits to indirectly increase revenue and profitability. “What we’re finding is that pharmacies and pharmacists who are engaging in immunizations are being approached for other patient care activities,” said Mitch Rothholz, chief strategy officer for the American Pharmacists Association (APhA). “Coming in for immunizations is an opportunity to talk about other healthcare services they might need that the pharmacy can provide.”

That has been true in Feltner’s experience, especially for the shingles vaccine, which is suffering shortages because demand is so high. “You’re going to have lots of patients come into the pharmacy who may not be a regular customer and by offering the service you get them in the door,” he said. “If we say we offer the shingles vaccine, we may be able to transfer their prescription business over to our pharmacy just by having an immunization program. It just opens more doors.”

A broad and lasting benefit, immunizations move your pharmacy in the direction the profession is headed: from medication-focused to patient-focused care. “It’s a demonstration of pharmacists as a healthcare provider,” Rothholz said. “Because pharmacists are trying to move and expand their services into a more quality patient care delivery activity versus just providing a product. Pharmacists’ value to patients and the healthcare team is recognized when patients receive the appropriate medication or healthcare service and achieve the optimal benefit from those services.”

The addition of patient-centered services not only sets you up to survive the future of pharmacy, it also helps nurture patient loyalty. It’s one of the few opportunities pharmacists have to meet face-to-face with patients. “You’ll have a patient for life once you start immunizing,” Feltner said. “It’s been a very rewarding experience.”

Easy as 1, 2, 3

Many pharmacies don’t offer immunizations because the thought of an immunization program is overwhelming. After all, it’s a whole new addition that requires you to spend time and money ordering and storing new inventory, marketing new services, and most importantly, fitting it into your already busy workflow.

But Feltner and Schaefer said the difficulty of offering immunizations is a major misconception that keeps too many pharmacies away. In fact, adding an immunization program is really easy, they said.

You simply treat immunizations like prescriptions. When someone asks for an immunization, your process follows just as if they handed you a prescription. You give them a consent form, enter their insurance info, ring them up, and when they get to the front of the queue, the pharmacist brings them to the consultation room and administers the vaccine. “Doing an immunization takes about as much time as filling a new prescription,” Schaefer said. “It’s like entering a new patient.”

Vaccines are ordered from your primary wholesaler (or possibly direct from the manufacturer) and stored in your refrigerator with your insulins and other refrigerated medicine, or they’re stored in your freezer. In other words, they fit right in alongside all your other prescription medicines.

But the only way to make the integration seamless is to utilize your employees well. Every part of the process should be conducted by technicians except for reviewing the documentation and administering the vaccine, which doesn’t take more than a couple of minutes of the pharmacist’s time. If you have a pharmacist who’s a recent graduate, consider letting them take the reins. “They’ve been trained in

college to do this,” Schaefer said. “Give it to the youngest one and let them be in charge of it if you trust them.”

Feltner suggests starting out slow, with the flu, shingles, and pneumonia vaccines, and working your way up from there. “You can get a vaccine program up and running very, very quickly,” he said. He and Schaefer both grew their immunization programs gradually, adding vaccines to their repertoire as patients requested them. She suggests trying to expand your program by 10 percent each year, which she promises is achievable. Eventually you may grow your pharmacy into a complete immunization destination. “It just has a way of continuing to grow if you’re doing a good job at it,” she said.

Before you get started, reach out to other health providers and public health staff in your community, Rothholz said. “Identify what are their and their patients’ needs and challenges related to immunizations that your pharmacy could help address.”

#### Six Steps to Get Your Program Off the Ground

1. Check laws and regulations
2. Get trained and certified
3. Talk to other providers to get buy-in, discover needs, and establish a CPA if necessary
4. Prepare the pharmacy: create a private space, train staff, order supplies, and put a sign on the door
5. Establish workflow
6. Market the service

#### Potential Challenges

The biggest obstacle to getting an immunization program off the ground will likely be the legal aspect. Although every state allows pharmacists to administer vaccines, scope of authority varies widely. “The variability in what pharmacists can administer is typically dependent upon the age of the patient, the type of antigens or vaccine, and some other procedural modifications,” Rothholz said.

In many states, you have to establish standing protocols or collaborative practice agreements to be able to vaccinate. Most states require pharmacists to complete training on pharmacy-based immunizations. Pharmacies and pharmacists can check with their state pharmacy association or state board of

pharmacy to identify the requirements and restrictions related to immunizations before getting started, Rothholz said.

If you need an agreement or protocol, Schaefer recommends coming up with a plan to approach a provider. Choose your provider carefully, maybe starting with the health department. And when you go to make your case, make it all about the patient. “Always, always take the high road,” she said. “It’s about giving patients easy access to preventive care.”

Another potential hurdle you’ll want to be ready for is billing. Coverage for vaccines in pharmacies varies from plan to plan, including some under Medicare Part B and others through Part D. Some plans cover the total cost of the vaccine, others require a copay, and others don’t cover it at all. If a vaccine is not covered under the patient’s pharmacy benefit, Feltner and Schaefer have the patient pay out-of-pocket and self-submit the claim to their medical insurance. However, pharmacies can enroll as a mass-immunization provider and be compensated at the same level as physicians and other providers under Medicare Part B, Rothholz said.

For pharmacies feeling overwhelmed by the thought of starting a program, there are all kinds of resources to help. Start with the APhA’s certification program, which has trained more than 340,000 pharmacists. “The program is now considered the gold standard for pharmacy-based immunizations. It’s updated, it’s in line with CDC recommendations, it’s reviewed by immunization experts, and it’s recognized by individuals outside of the profession for its quality and content,” Rothholz said. In addition, APhA provides access to products and resources to keep up with current recommendations and vaccine information.

For clinical and logistical resources, visit the Immunization Action Coalition (IAC) website ([www.immunize.org](http://www.immunize.org)), which provides protocols, vaccine information statements, consent forms, and a host of other free documents as well as complete guidelines for offering immunizations at the pharmacy. Further resources for everything you need can be found from the APhA, CDC, and the Advisory Committee on Immunization Practices (ACIP).

### More Than Profit

One of Feltner’s favorite parts of immunizations is the opportunity they provide to interact with patients. It’s one of the few things that frees him from behind the counter to get that personal touch.

Same goes for Schaefer. “Doing an immunization, it’s a very intimate and private moment,” she said. “You actually get to know these patients in a different way than you do transacting over the counter.”

Immunizations live in that sweet spot of pharmacy practice where healthier patients and a healthier business meet. Research overwhelmingly shows that when pharmacies vaccinate, uptake increases, outcomes improve, and healthcare costs decrease.

“The more often we vaccinate, the more chances we have to decrease disease,” Feltner said. “And that’s the whole goal is to vaccinate as many people as we can. And it’s a great feeling as a pharmacist to immunize someone against a potentially deadly disease.”

## 20 Tips to Make Your Immunization Program a Profit Center

Maximize your profit by increasing immunization sales with smart strategies from pharmacy owners who have been doing it for decades. Independent pharmacy owner Beverly Schaefer and director of immunization services Marty Feltner provide tens of thousands of immunizations every year, and their independent pharmacies have become immunization destinations. Use these tips compiled from their expertise and current research to get most money from your immunization program.

### 1. Start the Conversation

Starting the conversation is the most important part of increasing immunizations, Schaefer said. “There’s lots of topics that you can choose to start a conversation about immunization—travel, staying healthy, new vaccines. Even if people don’t do it right then, it plants a seed in their brain. And it gets word-of-mouth going.”

### 2. Put a Sign on the Door

For Schaefer, a simple sign is the first and most important step in marketing your services. This has been her single most successful strategy for increasing immunizations. On the sign, list all the immunizations you offer. “When we did this, people were totally amazed that we were doing all these shots,” she said.

### 3. Educate Patients

According to the CDC, education remains the largest barrier to immunization coverage. Simply informing patients about the preventable diseases and the vaccines that prevent them is an easy way to increase immunization rates. Use in-store signage, brochures from manufacturers, bag inserts, or a conversation.

### 4. Make Specific Recommendations

Asking the right patients about the right vaccines will give you a higher conversion rate. That involves identifying eligible patients and recommending the specific vaccine to them directly. For example, if the patient is over 50, simply let them know: Nearly 40 percent of people who have had chickenpox will get shingles. Offer to give them the vaccine right then and there.

### 5. Target Flu Shot Patients

Patients who get the flu shot have already shown an openness to immunizations, which means they’ll be much more inclined to accept further vaccines, according to a 2018 study published in *Psychological Science in the Public Interest* (PSPI). When patients come in for flu shots, have them fill out an intake form and ask about the last time they received other recommended vaccines.

### 6. Make Strong Recommendations

The PSPI study also discovered that a strong recommendation from the provider is the single most powerful way to motivate someone to get vaccinated. Instead of asking if they would like the vaccine, tell them they’re eligible and that they can get it before they leave the pharmacy.

### 7. Identify Eligible Patients

Most pharmacy systems allow you to create an alert for patients when their profile matches a vaccine need, which most often is based on age. Feltner relies on his employees to know which patients to look for and when to recommend vaccines. “The big key is to delegate and to train your staff on how to recognize someone who is eligible,” he said. “Train your staff. Train your staff. Train your staff.”

#### 8. Utilize Entire Staff

After a visit to a national chain, Feltner realized how effective it is to have every single staff member, no matter their role, ask patients if they’ve gotten a vaccine. The store’s cashier asked every patient at checkout if they had gotten the flu shot. If they said no, she directed them to the pharmacy. “I thought that was eye opening,” he said. “That’s part of the whole idea of delegating to your entire staff.”

#### 9. Zero Copay Tactic

This trick has been wildly successful for Feltner: He keeps track of which insurance and government plans offer patients a zero copay for a vaccine. Any time his staff sees a patient with one of those plans, they make the recommendation and let the patient know the vaccine is completely free. At that point, it’s an easy sell.

#### 10. Co-administration

Co-administering vaccines can also cause an uptick in vaccinations. Patients will be much more likely to receive multiple immunizations if they get them all in one stop rather than returning at another time. As long as the vaccines don’t have contraindications, you can safely administer multiple vaccines in one visit. Also consider ordering combination vaccines that contain multiple vaccines in one shot, which are even more convenient for patients and reduce your storage costs.

#### 11. Offsite Events

“Pharmacists who are successful in immunizations are not limiting provision of vaccines to the walls of their practice,” said Mitch Rothholz, chief strategy officer at APhA. “They’re going out to businesses and doing immunizations in the community, whether it be an event or in private businesses.” Offsite events not only generate money from vaccines given at the event, they’re also a perfect opportunity to recruit new patients to your pharmacy for good. Good offsite opportunities include school systems, health fairs, local businesses, assisted-living communities, apartment-complex communities, police departments, churches, and colleges.

#### 12. Employer Partnerships

A huge source of immunization revenue for Feltner’s practice site is corporate partnerships. He’s developed relationships with several corporations who send their employees overseas. All of those employees go to Kohl’s Pharmacy for travel immunizations, which usually involve multiple vaccines.

#### 13. On-Air Advertising

Go live on the radio or TV and give flu shots. “Just make it fun,” Feltner said. “The big thing I tell pharmacists is make it fun. Then you’re having fun immunizing and preventing disease.”

#### 14. Helping with Costs

The second biggest barrier to immunizations, according to the CDC, is cost. The agency recommends pharmacies consult with local and state public health vaccination programs to learn about publicly funded programs that could help patients with the cost of vaccines. You can also enroll in the Vaccines for Children Program, which provides pharmacies federally purchased vaccines to fully vaccinate eligible children.

#### 15. Offer Coupons

Take a page from the national chain pharmacies and big-box stores. Give patients a small voucher or coupon to your front end when they get an immunization from you. The profit you earn from them will outweigh the gift.

#### 16. Fax Physicians

After immunizing a patient, Schaefer sends a fax to the provider. The fax includes the entire list of vaccines she offers, with an X next to the vaccine she administered. That way, the physician will know every vaccine she offers and can refer patients to her in the future.

#### 17. Word-of-Mouth

If you offer a top-notch immunization program, your patients and physicians will do the advertising for you. Both Schaefer and Feltner attributed their most successful marketing to word-of-mouth. In fact, Schaefer spends zero dollars on advertising.

#### 18. Answering Machine

Use your answering machine to highlight your immunization services. "When you call my store, it's 'Hello, you've reached Katterman's pharmacy, your immunization destination,'" Schaefer said. "That way they're thinking about immunizations whether they want to or not."

#### 19. Incentivize Your Pharmacists

Schaefer said the high margins on immunizations allow you to pay a bonus to your pharmacists for each immunization they administer. For an immunization that earns \$20, let your pharmacists take two to five bucks of that to give them extra motivation.

#### 20. Travel Tricks

Travel vaccinations come with their own bag of tricks—all of which genuinely help the health of patients.

Hold a consultation with patients to ask where they're going, review their immunization history, and offer them everything they'll need.

Use Travax, an online resource, to identify every vaccine a patient will need for the area they're visiting.

Create a "travel checklist" with OTC items patients may need for the trip, which they can purchase in your front end.

Compile a section in the front end dedicated solely to travel products and walk your patient through it after each consultation. Schaefer said it's not uncommon for patients to spend an extra one to two hundred dollars on her OTC travel products.

Put a sign on your front door: "Are you traveling out of the country? Have you had your hep A, yellow fever, and typhoid shots?"

If a patient comes in asking for a specific travel vaccination, ask where they're traveling. You may be able to offer additional immunizations or travel products.

Get a standing order or collaborative practice agreement to administer prescription travel medicine, like antimalarial drugs.

Source: <https://www.pbahealth.com/how-to-make-immunizations-a-pharmacy-profit-center/?fbclid=IwAR2h1fCobBWU8jpQpnjvgx-IF689FxiGmApv9hWrEpgYjd3dOv0t5eA9gdY>

From the Magazine

This article was published in our quarterly print magazine, which covers relevant topics in greater depth featuring leading experts in the industry. Subscribe to receive the quarterly print issue in your mailbox. All registered independent pharmacies in the U.S. are eligible to receive a free subscription.

An Independently Owned Organization Serving Independent Pharmacies

PBA Health is dedicated to helping independent pharmacies reach their full potential on the buy side of their business. The company is a member-owned organization that serves independent pharmacies with group purchasing services, expert contract negotiations, proprietary purchasing tools, distribution services, and more.

PBA Health, an HDA member, operates its own VAWD-certified warehouse with more than 6,000 SKUs, including brands, generics, narcotics CII-CV, cold-storage products, and over-the-counter (OTC) products.

## How Chaos at Chain Pharmacies Is Putting Patients at Risk

By Ellen Gabler

Jan. 31, 2020

For Alyssa Watrous, the medication mix-up meant a pounding headache, nausea and dizziness. In September, Ms. Watrous, a 17-year-old from Connecticut, was about to take another asthma pill when she realized CVS had mistakenly given her blood pressure medication intended for someone else.

Edward Walker, 38, landed in an emergency room, his eyes swollen and burning after he put drops in them for five days in November 2018 to treat a mild irritation. A Walgreens in Illinois had accidentally supplied him with ear drops — not eye drops.

For Mary Scheurman, 85, the error was discovered only when she was dying in a Florida hospital in December 2018. A Publix pharmacy had dispensed a powerful chemotherapy drug instead of the antidepressant her doctor had prescribed. She died about two weeks later.

The people least surprised by such mistakes are pharmacists working in some of the nation's biggest retail chains.

In letters to state regulatory boards and in interviews with The New York Times, many pharmacists at companies like CVS, Rite Aid and Walgreens described understaffed and chaotic workplaces where they said it had become difficult to perform their jobs safely, putting the public at risk of medication errors.

They struggle to fill prescriptions, give flu shots, tend the drive-through, answer phones, work the register, counsel patients and call doctors and insurance companies, they said — all the while racing to meet corporate performance metrics that they characterized as unreasonable and unsafe in an industry squeezed to do more with less.

"I am a danger to the public working for CVS," one pharmacist wrote in an anonymous letter to the Texas State Board of Pharmacy in April.

"The amount of busywork we must do while verifying prescriptions is absolutely dangerous," another wrote to the Pennsylvania board in February. "Mistakes are going to be made and the patients are going to be the ones suffering."

State boards and associations in at least two dozen states have heard from distraught pharmacists, interviews and records show, while some doctors complain that pharmacies bombard them with requests for refills that patients have not asked for and should not receive. Such refills are closely tracked by pharmacy chains and can factor into employee bonuses.

Michael Jackson, chief executive of the Florida Pharmacy Association, said the number of complaints from members related to staffing cuts and worries about patient safety had become "overwhelming" in the past year.

The American Psychiatric Association is particularly concerned about CVS, America's eighth-largest company, which it says routinely ignores doctors' explicit instructions to dispense limited amounts of

medication to mental health patients. The pharmacy's practice of providing three-month supplies may inadvertently lead more patients to attempt suicide by overdosing, the association said.

"Clearly it is financially in their best interest to dispense as many pills as they can get paid for," said Dr. Bruce Schwartz, a psychiatrist in New York and the group's president.

A spokesman for CVS said it had created a system to address the issue, but Dr. Schwartz said complaints persisted.

Regulating the chains — five rank among the nation's 100 largest companies — has proved difficult for state pharmacy boards, which oversee the industry but sometimes allow company representatives to hold seats. Florida's nine-member board, for instance, includes a lawyer for CVS and a director of pharmacy affairs at Walgreens.

Aside from creating potential conflicts of interest, the industry presence can stifle complaints. "We are afraid to speak up and lose our jobs," one pharmacist wrote anonymously last year in response to a survey by the Missouri Board of Pharmacy. "PLEASE HELP."

Officials from several state boards told The Times they had limited authority to dictate how companies ran their businesses. Efforts by legislatures in California and elsewhere have been unsuccessful in substantially changing how pharmacies operate.

A majority of state boards do not require pharmacies to report errors, let alone conduct thorough investigations when they occur. Most investigations focus on pharmacists, not the conditions in their workplaces.

In public meetings, boards in at least two states have instructed pharmacists to quit or speak up if they believe conditions are unsafe. But pharmacists said they feared retaliation, knowing they could easily be replaced.

The industry has been squeezed amid declining drug reimbursement rates and cost pressures from administrators of prescription drug plans. Consolidation, meanwhile, has left only a few major players. About 70 percent of prescriptions nationwide are dispensed by chain drugstores, supermarkets or retailers like Walmart, according to a 2019 Drug Channels Institute report.

CVS garners a quarter of the country's total prescription revenue and dispenses more than a billion prescriptions a year. Walgreens captures almost 20 percent. Walmart, Kroger and Rite Aid fall next in line among brick-and-mortar stores.

In statements, the pharmacy chains said patient safety was of utmost concern, with staffing carefully set to ensure accurate dispensing. Investment in technology such as e-prescribing has increased safety and efficiency, the companies said. They denied that pharmacists were under extreme pressure or faced reprisals.

"When a pharmacist has a legitimate concern about working conditions, we make every effort to address that concern in good faith," CVS said in a statement. Walgreens cited its confidential employee hotline and said it made "clear to all pharmacists that they should never work beyond what they believe is advisable."

Errors, the companies said, were regrettable but rare; they declined to provide data about mistakes.

The National Association of Chain Drug Stores, a trade group, said that “pharmacies consider even one prescription error to be one too many” and “seek continuous improvement.” The organization said it was wrong to “assume cause-effect relationships” between errors and pharmacists’ workload.

The specifics and severity of errors are nearly impossible to tally. Aside from lax reporting requirements, many mistakes never become public because companies settle with victims or their families, often requiring a confidentiality agreement. A CVS form for staff members to report errors asks whether the patient is a “media threat,” according to a photo provided to The Times. CVS said in a statement it would not provide details on what it called its “escalation process.”

The last comprehensive study of medication errors was over a decade ago: The Institute of Medicine estimated in 2006 that such mistakes harmed at least 1.5 million Americans each year.

Jonathan Lewis said he waited on hold with CVS for 40 minutes last summer, after discovering his antidepressant prescription had been refilled with another drug.

Mr. Lewis, 47, suspected something was wrong when he felt short of breath and extremely dizzy. Looking closely at the medication — and turning to Google — he figured out it was estrogen, not an antidepressant, which patients should not abruptly quit.

“It was very apparent they were very understaffed,” Mr. Lewis said, recalling long lines inside the Las Vegas store and at the drive-through when he picked up the prescription.

### **Too Much, Too Fast**

The day before Wesley Hickman quit his job as a pharmacist at CVS, he worked a 13-hour shift with no breaks for lunch or dinner, he said.

As the only pharmacist on duty that day at the Leland, N.C., store, Dr. Hickman filled 552 prescriptions — about one every minute and 25 seconds — while counseling patients, giving shots, making calls and staffing the drive-through, he said. Partway through his shift the next day, in December 2018, he called his manager.

“I said, ‘I am not going to work in a situation that is unsafe.’ I shut the door and left,” said Dr. Hickman, who now runs an independent pharmacy.

Dr. Hickman felt that the multitude of required tasks distracted from his most important jobs: filling prescriptions accurately and counseling patients. He had begged his district manager to schedule more pharmacists, but the request was denied, he said.

CVS said it could not comment on the “individual concerns” of a former employee.

With nearly 10,000 pharmacies across the country, CVS is the largest chain and among the most aggressive in imposing performance metrics, pharmacists said. Both CVS and Walgreens tie bonuses to achieving them, according to company documents.

Nearly everything is tracked and scrutinized: phone calls to patients, the time it takes to fill a prescription, the number of immunizations given, the number of customers signing up for 90-day supplies of medication, to name a few.

The fact that tasks are being tracked is not the problem, pharmacists say, as customers can benefit from services like reminders for flu shots and refills. The issue is that employees are heavily evaluated on hitting targets, they say, including in areas they cannot control.

In Missouri, dozens of pharmacists said in a recent survey by the state board that the focus on metrics was a threat to patient safety and their own job security.

“Metrics put unnecessary pressure on pharmacy staff to fill prescriptions as fast as possible, resulting in errors,” one pharmacist wrote.

Of the nearly 1,000 pharmacists who took the survey, 60 percent said they “agree” or “strongly agree” that they “feel pressured or intimidated to meet standards or metrics that may interfere with safe patient care.” About 60 percent of respondents worked for retail chains, as opposed to hospitals or independent pharmacies.

Surveys in Maryland and Tennessee revealed similar concerns.

The specific goals are not made public, and can vary by store, but internal CVS documents reviewed by The Times show what was expected in some locations last year.

Staff members were supposed to persuade 65 percent of patients picking up prescriptions to sign up for automatic refills, 55 percent to switch to 90-day supplies from 30-day, and 75 percent to have the pharmacy contact their doctor with a “proactive refill request” if a prescription was expiring or had no refills, the documents show.

Pharmacy staff members are also expected to call dozens of patients each day, based on a computer-generated list. They are assessed on the number of patients they reach, and the number who agree to their requests.

Representatives from CVS and Walgreens said metrics were meant to provide better patient care, not penalize pharmacists. Some are related to reimbursements to pharmacies by insurance companies and the government. CVS said it had halved its number of metrics over the past 18 months.

But dozens of pharmacists described the emphasis on metrics as burdensome, and said they faced backlash for failing to meet the goals or suggesting they were unrealistic or unsafe.

“Any dissent perceived by corporate is met with a target placed on one’s back,” an unnamed pharmacist wrote to the South Carolina board last year.

In comments to state boards and interviews with The Times, pharmacists explained how staffing cuts had led to longer shifts, often with no break to use the restroom or eat.

“I certainly make more mistakes,” another South Carolina pharmacist wrote to the board. “I had two misfills in three years with the previous staffing and now I make 10-12 per year (that are caught).”

Much of the blame for understaffing has been directed at pressure from companies that manage drug plans for health insurers and Medicare.

Acting as middlemen between drug manufacturers, insurers and pharmacies, the companies — known as pharmacy benefit managers, or P.B.M.s — negotiate prices and channel to pharmacies the more than \$300 billion spent on outpatient prescription drugs in the United States annually.

The benefit managers charge fees to pharmacies, and have been widely criticized for a lack of transparency and applying fees inconsistently. In a letter to the Department of Health and Human Services in September, a bipartisan group of senators noted an “extraordinary 45,000 percent increase” in fees paid by pharmacies from 2010 to 2017.

While benefit managers have caused economic upheaval in the industry, some pharmacy chains are players in that market too: CVS Health owns CVS Caremark, the largest benefit manager; Walgreens Boots Alliance has a partnership with Prime Therapeutics; Rite Aid owns a P.B.M., too.

The Pharmaceutical Care Management Association, the trade group representing benefit managers, contends that they make prescriptions more affordable, and pushes back against the notion that P.B.M.s are responsible for pressures on pharmacies, instead of a competitive market.

### **Falling Through the Cracks**

Dr. Mark Lopatin, a rheumatologist in Pennsylvania, says he is inundated with refill requests for almost every prescription he writes. At times Dr. Lopatin prescribes drugs intended only for a brief treatment — a steroid to treat a flare-up of arthritis, for instance.

But within days or weeks, he said, the pharmacy sends a refill request even though the prescription did not call for one. Each time, his office looks at the patient’s chart to confirm the request is warranted. About half are not, he said.

Aside from creating unnecessary work, Dr. Lopatin believes, the flood of requests poses a safety issue. “When you are bombarded with refill after refill, it’s easy for things to fall through the cracks, despite your best efforts,” he said.

Pharmacists told The Times that many unwanted refill requests were generated by automated systems designed in part to increase sales. Others were the result of phone calls from pharmacists, who said they faced pressure to reach quotas.

In February, a CVS pharmacist wrote to the South Carolina board that cold calls to doctors should stop, explaining that a call was considered “successful” only if the doctor agreed to the refill.

“What this means is that we are overwhelming doctor’s office staff with constant calls, and patients are often kept on medication that is unneeded for extended periods of time,” the pharmacist wrote.

CVS says outreach to patients and doctors can help patients stay up-to-date on their medications, and lead to lower costs and better health.

Dr. Rachel Poliquin, a psychiatrist in North Carolina who says she constantly gets refill requests, estimates that about 90 percent of her patients say they never asked their pharmacy to contact her.

While Dr. Poliquin has a policy that patients must contact her directly for more medication, she worries about clinics where prescriptions may get rubber-stamped in a flurry of requests. Then patients — especially those who are elderly or mentally ill — may continue taking medication unnecessarily, she said.

The American Psychiatric Association has been trying to tackle a related problem after hearing from members that CVS was giving patients larger supplies of medication than doctors had directed.

While it is common for pharmacies to dispense 90 days' worth of maintenance medications — to treat chronic conditions like high blood pressure or diabetes — doctors say it is inappropriate for other drugs.

For example, patients with bipolar disorder are often prescribed lithium, a potentially lethal drug if taken in excess. It is common for psychiatrists to start a patient on a low dose or to limit the number of pills dispensed at once, especially if the person is considered a suicide risk.

But increasingly, the psychiatric association has heard from members that smaller quantities specified on prescriptions are being ignored, particularly by CVS, according to Dr. Schwartz, the group's president.

CVS has created a system where doctors can register and request that 90-day supplies not be dispensed to their patients. But doctors report that the registry has not solved the problem, Dr. Schwartz said. In a statement, CVS said it continued to "refine and enhance" the program.

Dr. Charles Denby, a psychiatrist in Rhode Island, became so concerned by the practice that he started stamping prescriptions, "AT MONTHLY INTERVALS ONLY." Despite those explicit instructions, Dr. Denby said, he received faxes from CVS saying his patients had asked for — and been given — 90-day supplies.

Dr. Denby, who retired in December, said it was a "baldfaced lie" that the patients had asked for the medication, providing statements from patients saying as much.

"I am disgusted with this," said Dr. Denby, who worries that patients may attempt suicide with excess medication. "There are going to be people dead only because they have enough medication to do the deed with."

### **'We Already Have Systems in Place'**

Alton James never learned how the mistake came about that he says killed his 85-year-old mother, Mary Scheuerman, in 2018.

He knows he picked up her prescription at the pharmacy in a Publix supermarket in Lakeland, Fla. He knows he gave her a pill each morning. He knows that after six days, she turned pale, her blood pressure dropped and she was rushed to the hospital.

Mary Scheuerman died in December 2018 after taking a powerful chemotherapy drug mistakenly dispensed by a Publix pharmacy. Her son said she was supposed to have received an antidepressant.

Mr. James remembers a doctor telling him his mother's blood had a toxic level of methotrexate, a drug often used to treat cancer. But Mrs. Scheuerman didn't have cancer. She was supposed to be taking an antidepressant. Mr. James said a pharmacy employee later confirmed that someone had mistakenly dispensed methotrexate.

Five days after entering the hospital, Mrs. Scheuerman died, with organ failure listed as the lead cause, according to medical records cited by Mr. James.

The Institute for Safe Medication Practices has warned about methotrexate, listing it as a "high-alert medication" that can be deadly when taken incorrectly. Mr. James reported the pharmacy's error to the group, writing that he wanted to raise awareness about the drug and push Publix, one of the country's largest supermarket chains, to "clean up" its pharmacy division, according to a copy of his report provided to The Times.

The company acknowledged the mistake and offered a settlement, Mr. James wrote, but would not discuss how to avoid future errors, saying, "We already have systems in place."

Last September, Mr. James told The Times that Publix wanted him to sign a settlement agreement that would prevent him from speaking further about his mother's death. Mr. James has since declined to comment, saying that the matter was "amicably resolved."

A spokeswoman for Publix said privacy laws prevented the company from commenting on specific patients.

It can be difficult for patients and their families to decide whether to accept a settlement.

Last summer, CVS offered to compensate Kelsey and Donovan Sullivan after a pediatrician discovered the reflux medication they had been giving their 4-month-old for two months was actually a steroid. To be safely weaned, the baby had to keep taking it for two weeks after the error was discovered.

"It was like he was coming out of a fog," Mrs. Sullivan recalled.

The couple, from Minnesota, are still considering a settlement but haven't agreed to anything because they don't know what long-term consequences their son might face.

The kinds of errors and how they occur vary considerably.

The paper stapled to a CVS bag containing medication for Ms. Watrous, the Connecticut teenager with asthma, listed her correct name and medication, but the bottle inside had someone else's name.

Directions on the prescription for Mr. Walker, the Illinois man who got ear drops instead of eye drops from Walgreens, were clear: "Instill 1 drop in both eyes every 6 hours." He later saw the box: "For use in ears only."

In September, Stefanie Davis, 31, got the right medicine, Adderall, but the wrong dose. She pulled over on the interstate after feeling short of breath and dizzy with blurred vision. The pills, dispensed by a Walgreens in Sun City Center, Fla., were each 30 milligrams instead of her usual 20. She is fighting with Walgreens to cover a \$900 bill for her visit to an emergency room.

### **Fixes That Fall Short**

State boards and legislatures have wrestled with how to regulate the industry. Some states have adopted laws, for instance introducing mandatory lunch breaks or limiting the number of technicians a pharmacist can supervise.

But the laws aren't always followed, can be difficult to enforce or can fail to address broader problems.

The National Association of Chain Drug Stores says some state boards are blocking meaningful change. The group, for instance, wants to free up pharmacists from some tasks by allowing technicians, who have less training, to do more.

It also supports efforts to change the insurance reimbursement model for pharmacies. Health care services provided by pharmacists to patients, such as prescribing birth control, are not consistently covered by insurers or allowed in all states. But it has been difficult to find consensus to change federal and state regulations.

While those debates continue, some state boards are trying to hold companies more accountable.

Often when an error is reported to a board, action is taken against the pharmacist, an obvious target. It is less common for a company to be scrutinized.

The South Carolina board discussed in November how to more thoroughly investigate conditions after a mistake. It also published a statement discouraging quotas and encouraging “employers to value patient safety over operational efficiency and financial targets.”

California passed a law saying no pharmacist could be required to work alone, but it has been largely ignored since taking effect last year, according to leaders of a pharmacists’ union. The state board is trying to clarify the law’s requirements.

In Illinois, a new law requires breaks for pharmacists and potential penalties for companies that do not provide a safe working environment. The law was in response to a 2016 Chicago Tribune investigation revealing that pharmacies failed to warn patients about dangerous drug combinations.

Some states are trying to make changes behind closed doors. After seeing results of its survey last year, the Missouri board invited companies to private meetings early this year to answer questions about errors, staffing and patient safety.

CVS and Walgreens said they would attend.

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